

I hereby certify that, on the date shown below, this correspondence is being:

- deposited with the United States Postal Service in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
 under 37CFR § 1.8(a), with sufficient postage as first class mail, or
 under 37CFR § 1.10, as "Express Mail Post Office to Addressee" Mailing Label No. _____
 transmitted by facsimile to the Patent and Trademark Office, Fax Number 571-273-7728
 transmitted via the Office electronic filing system in accordance with 37 CFR § 1.6(a)(4)

Date: April 14, 2008

By: C. M. P.
Anna M. Pignaloni

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Mary Southam, et al.

Confirmation No. 9235

Serial No: 09/781,041

Examiner: Mark Bockelman

Filed: 02/09/2001

Group Art Unit: 3762

US Patent No: 6,425,892

Granted: 07/30/2002

Title: DEVICE FOR TRANSDERMAL
ELECTROTRANSPORT DELIVERY OF
FENTANYL AND SUFENTANIL

Attorney Docket No:
ARO7828USA

Mail Stop Hatch-Waxman PTE
Commissioner for Patents
United States Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

In Re: Patent Term Extension Application for U.S. Patent No. 6,425,892

Dear Commissioner:

In response to the Notice of Final Determination ("Notice") for Patent Term Extension application for U.S. Patent No. 6,425,892 mailed January 16, 2008, ALZA Corporation, patent owner of record, hereby petitions for a two-month extension of time under 37 C.F.R. § 1.136(a).

The Notice provided a response period of two months from the January 16, 2008 mailing date for filing a single request for reconsideration, the response period being extendable under 37 C.F.R. § 1.136. The two-month extension-of-time requested herein will extend the response date from April 16, 2008 to May 16, 2008.

A Petition for one-month extension of time was submitted on 03/14/2008 with authorization to charge the requisite fee from our deposit account No. 10-0750. Thus, it is requested that a fee of \$340.00 for the difference of payment for a two-month extension and for a one-month extension be charged at this time.

The Commissioner is hereby authorized to charge the corresponding extension of time fee pursuant to 37 C.F.R. § 1.136(a), and any other required fee in connection with this communication, to Deposit Account No. 10-0750. Any deficiency or overpayment should be charged or credited to the above numbered deposit account.

Respectfully submitted,

Dated: April 16, 2008



Philip Yip
Registration No. 37,265
Attorney for Applicant
Customer No. 27777

ALZA Corporation
c/o Johnson & Johnson
One Johnson & Johnson Plaza, WH 3221
New Brunswick, NJ 08933
Phone: 650-564-7054
Fax: 650-564-2195

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) ARO7828USA										
<table border="1"> <tr> <td colspan="2">In re Application of Mary Southam, et al.</td> </tr> <tr> <td>Application Number</td> <td>09/781,041</td> </tr> <tr> <td colspan="2">For DEVICE FOR TRANSDERMAL ELECTROTRANSPORT DELIVERY OF FENTANYL AND SUFENTANYL</td> </tr> <tr> <td>Art Unit</td> <td>3762</td> </tr> <tr> <td colspan="2">Examiner Mark Bockelman</td> </tr> </table>			In re Application of Mary Southam, et al.		Application Number	09/781,041	For DEVICE FOR TRANSDERMAL ELECTROTRANSPORT DELIVERY OF FENTANYL AND SUFENTANYL		Art Unit	3762	Examiner Mark Bockelman	
In re Application of Mary Southam, et al.												
Application Number	09/781,041											
For DEVICE FOR TRANSDERMAL ELECTROTRANSPORT DELIVERY OF FENTANYL AND SUFENTANYL												
Art Unit	3762											
Examiner Mark Bockelman												
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$ 340.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 10-0750.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number 37,265</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>April 14, 2008 _____ Date</p> <p>650-564-7054 _____ Telephone Number</p> <p>Philip YIP _____ Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of 1 forms are submitted.</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 340.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____											
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 340.00											
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____											
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____											

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



1010 JOAQUIN ROAD, MOUNTAIN VIEW, CA 94043

FACSIMILE TRANSMITTAL SHEET

TO: MAIL STOP HATCH-WAXMAN PTE
COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND
TRADEMARK OFFICE
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

FROM: PHILIP YIP

FAX: (571) 273-7728

COMPANY: ALZA CORPORATION	DATE: April 14, 2008
FAX NUMBER: 650-564-2195	TOTAL NO. OF PAGES INCLUDING COVER: 5
PHONE NUMBER: 650-564-4157	SENDER'S REFERENCE NUMBER: ARO7828USA
[REDACTED]	

XRGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

RE: PATENT TERM EXTENSION US PATENT NO. 6,425,892
(SEE ATTACHED)

If there is an error with this transmission or if all referenced attachments are not received, please call the sender, Anna Pignaloni 650-564-4157.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/781,041	
	Filing Date	02/09/2001	
	First Named Inventor	Larry A. McNichols	
	Art Unit	3762	
	Examiner Name	Mark Bockelman	
	Total Number of Pages in This Submission	4	Attorney Docket Number

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
1. Patent Term Extension Application for US Patent No. 6,425,892		

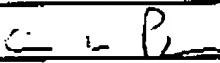
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Alza Corporation Philip Yip, Registration No. 37,285
Signature	
Date	April 14, 2008

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

transmitted via facsimile - fax no.: 571-273-7728

Typed or printed name	Anna M. Pignatoni
Signature	
Date	April 14, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2